

ORIGINAL

03-74883

JOHN CORBETT O'MEARA

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT

UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

MAGISTRATE JUDGE PEPE

In the United States District Court

James HARRIS-145260

(Enter above the full names of all plaintiffs, including prisoner number, in this action.)

v. ATTORNEY General,
ET AL.

(Enter above the full name of the defendant or defendants in this action.)

RECEIVED
DEC 3 2003
CLERK'S OFFICE
U.S. DISTRICT COURTInstructions for Filing a Complaint by a Prisoner
Under the Civil Rights Act, 42 U.S.C. § 1983

This packet includes four copies of a complaint form. To start an action, you must file an original and one copy of your complaint for each defendant you name and one copy for the court. For example, if you name two defendants you must file the original and three copies of the complaint. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original. The clerk will not file your complaint unless it conforms to these instructions and to these forms.

In order for this complaint to be filed, it must be accompanied by the filing fee of \$150.00. In addition, the United States Marshal will require you to pay the cost of serving the complaint on each of the defendants.

If you are unable to prepay the filing fee and service costs for this action, you must petition the court to proceed in forma pauperis by completing and signing the attached affidavit in support of application (pages 2-3). You must also have an authorized officer at the penal institution complete the certificate as to the amount of money and securities on deposit to your credit in any account in the institution. If the court grants you leave to proceed in forma pauperis, you will still be required to pay the \$150.00 filing fee through an initial partial filing fee and through monthly installments.

Your complaint must be legibly handwritten or typewritten. You, the plaintiff(s), must sign and date the complaint on the last page. If you need additional space to completely answer a question, you must attach additional pages.

Your complaint can be brought in this court only if one or more of the named defendants is located within this district. Further, you must file a separate complaint for each claim that you have unless they are all related to the same incident or issue.

You are required to furnish, so that the United States Marshal can complete service, the correct name and address of each person you have named as defendant. A PLAINTIFF IS REQUIRED TO GIVE INFORMATION TO THE UNITED STATES MARSHAL TO ENABLE THE MARSHAL TO COMPLETE SERVICE OF THE COMPLAINT UPON ALL PERSONS NAMED AS DEFENDANTS.

You will note that you are required to give facts. THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.

When these forms are completed, mail the original and copies to the Clerk of the United States District Court for the Western District of Michigan at any of the addresses below:

U.S. District Court
399 Federal Building
110 Michigan St., NW
Grand Rapids, MI 49503

U.S. District Court
229 Federal Building
P.O. Box 698
Marquette, MI 49855

U.S. District Court
B-35 Federal Building
410 W. Michigan Ave.
Kalamazoo, MI 49007

U.S. District Court
113 Federal Building
315 W. Allegan
Lansing, MI 48933

James Harris 145260
Pine River Correctional Facility
320 N. Hubbard ST
St. Lois, MI 48880
Nov, 18 2003

TO: Clerk

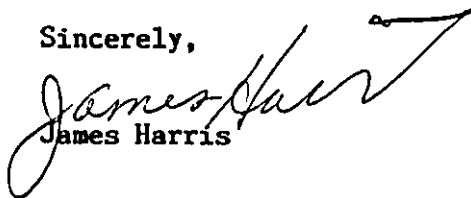
U.S District Court Eastern District Michigan
Theodore Levin V U.S Courthouse
231 W. Lafayette, Room 564
Detroit, MI, 48226

Dear Clerk,

Greeting. my name is James Harris, and I am trying to file a complaint there with the court. also, I am Indigent and I hope that you would waiver service to the defendants in this case. Referee: David ~~Perkins~~

Perkins: 38750 County OF WAYNE PROBATE COURT, courtroom 1-J Lincoln Hall
1025 E. forest Detroit, MI , 48207. M.D.O.C Ionia, temporary and Muskogon and there health services. and the Attorney general, Office. childer and Youth Services 1747 Michigan Plaza Building Detroit, MI, 48226. I do not have money to pay for the services. think you. if theree was any rights in this world, I hope to see this court give them. I been trying to tell someone about what happen tome. but, if its the Lord will, it will be done. Because, he see the good. I am not good at writing, I am doing the best I can. but, there is one think that I give and that to Lord. so, if the Lord is willing. it will done. Think You.

Sincerely,


James Harris

COMPLAINT

I. Previous Lawsuits

CAUTION: The Prison Litigation Reform Act has resulted in substantial changes in the ability of incarcerated individuals to initiate lawsuits in this and other federal courts without prepayment of the required \$150 filing fee. Accurate and complete responses are required concerning your litigation history. Generally, a plaintiff's failure to accurately and completely answer the questions set forth below will result in denial of the privilege of proceeding in forma pauperis and require you to pay the entire \$150 filing fee regardless whether your complaint is dismissed.

- A. Have you ever filed a lawsuit while incarcerated or detained in any prison or jail facility? Yes ☐ No ☒
- B. If your answer to question A was yes, for each lawsuit you have filed you must answer question 1 through 5 below. Attach additional sheets as necessary to answer questions 1 through 5 below with regard to each lawsuit.

1. Identify the court in which the lawsuit was filed. If it was a state court, identify the county in which the suit was filed. If the lawsuit was filed in federal court, identify the district within which the lawsuit was filed.

2. Is the action still pending? Yes ☐ No ☐

- a. If your answer was no, state precisely how the action was resolved: _____

3. Did you appeal the decision? Yes ☐ No ☐

4. Is the appeal still pending? Yes ☐ No ☐

- a. If not pending, what was the decision on appeal? _____

5. Was the previous lawsuit based upon the same or similar facts asserted in this lawsuit? Yes ☐ No ☐

If so, explain: _____

II. Place of Present Confinement

Pine River Correctional Facility

If the place of present confinement is not the place you were confined when occurrence that is subject of instant lawsuit arose, also list the place you were confined: Loring Temporary, Muskegon Temporary

III. Exhaustion of Administrative Remedies

CAUTION: You are required by federal law to exhaust your available remedies on any action brought with respect to jail, prison, or other correctional facility conditions prior to bringing an action under 42 U.S.C. § 1983 or any other federal law. Once again, failure to provide complete and accurate answers to the questions set forth below will likely result in denial of the privilege of proceeding in forma pauperis. ATTACH COPIES OF ALL DOCUMENTS EVIDENCING EXHAUSTION OF REMEDIES.

- A. Is your place of confinement a facility operated by the Michigan Department of Corrections? Yes ☒ No ☐

- B. If your answer to A was yes, did you file a grievance concerning the facts set forth in this complaint? Yes ☒ No ☐

1. If your answer is no, explain why a grievance was not filed: _____

2. If your answer is yes, list the grievance number(s) and the date listed as "Today's Date" box on the Prisoner/Corrections Client Grievance Form:

128263-3-18-02, 128803, 4-4-02 - IF00090039528-B

3. What was the decision upon your grievance at Step I? Vague

- C. If your answers to A and B are yes, did you appeal the Step I decision? Yes ☒ No ☐

1. If your answer above was yes, what was the Step II decision? Vague

Did you appeal to Step III? Yes ☒ No ☐

If your answer above was yes, what was the decision at Step III? Vague

- D. Does your complaint concern a misconduct charge filed against you? Yes ☐ No ☒

1. Did you have an administrative hearing on the misconduct charge? Yes ☐ No ☒

If yes, what was the hearing officer's decision? _____

2. Did you request an administrative rehearing? Yes ☐ No ☒

If you did request an administrative rehearing, what was the decision rendered upon rehearing? _____

3. After rehearing, did you appeal the decision in one of the circuit courts for the State of Michigan? Yes ☐ No ☐

a. If yes, what was the decision of the circuit court? _____

- b. Did you appeal the decision of the circuit court? Yes ☐ No ☒

If yes, state the decisions of the Michigan Court of Appeals and Michigan Supreme Court: _____

- E. If your claim concerns confinement within a facility not operated by the Michigan Department of Corrections, please state in detail the steps you have taken to exhaust your available state remedies prior to filing this lawsuit:

- F. If you have taken any other steps to exhaust your state remedies, please describe in detail what steps you have taken:

IV. Parties

In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of Plaintiff

JAMES HARRIS

Address

Pine River 320. Hubbard St. Louis, MI. 48880

In Item B below, place the full name of the defendant in the first blank, his or her official position in the second blank and his or her place of employment in the third blank. Use Item C for the names, positions and place of employment of all additional defendants. Attach extra sheets as necessary. State whether you are suing each defendant in an official or personal capacity.

B. Defendant

Attorney Generals

is employed as

MICHIGAN ATTORNEY

at

Children and Youth Services, Detroit, MI, 48226

C. Additional Defendants

Referee DAVID PERKINS, 38750, Probate Court, 1025. Forest. Ionia Temporary. Muskegon and their Health Services. Probate Court, Case # 97357942. Petition 97019567, Petition Court of Appeals, 220950. Probate Court, Pet. 98027004.

V. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe how each defendant is personally involved. Include also, the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets if necessary.

My Children ^{WAS} IN A petition Temporary Custody, I had A "Writ OF Habeas Corpus To be there, and I want to tell them not to give me Children To the person who wanted them, but they had the hearing without me, and give them to that person, and now My "Child" MARIAH JAMIE HARRIS, is Dead now. and The M.D.O.C and their Health Service have tried to poison with pill putting inmates up to try to hurt me, and trying to "extort my Court PAPER.

1) Referee DAVID PERKINS, 38750. FAIL TO Perform Judicial duty Code of Judicial Conduct, by NOT Letting me Challenge The pet of The Custodial Relative. She HAVE 5 Children AND with my 5 Children would have been To many for her. This was neglected, Resulted in the death of my Child. MARIAH JAMIE HARRIS. A "writ habeas Corpus, safeguard my personal Liberty. The Attorney General, did NOT Violation of my right. When I was trying to petition establishing The Cause of Death, interested Parties, Rule. The Court AND Attorney General, are responsibility To determine Cause of Death in A Procedure, Fonia Temporary, and Muskgon Temporary, has "Exploit me. The M.D.O.C put me in manipulating sexual Authority Abuse. They have Malicious Threat by The officers. TRYING TO extort MY Court paper. There Health Services given me some med. That has me physical injury, There was some pill given To me At M.T.F. Th. Were inside a @apein. I did nt take that time I given the T. The Seg. At M.T.F and said he was going To Look into it. 2 day. Later, he said they were Thrown Away.

VI. Relief

State briefly and precisely what you want the court to do for you.

Attorney General, ONE million, To Hundred million
 DAVID PERKIN-38750, ONE million, To Hundred million
 Fonia Temporary- ONE million, To Hundred million
 Muskgon Temporary- ONE million, To Hundred million
 There Health Services for M.D.O.C, ONE million, To
 Hundred million
 To T.A.I, Five Hundred million

KERIN SCULLY
 NOTARY PUBLIC IN OHIO CO., OH
 MY COMMISSION EXPIRES JUN 2, 2004

Date

11/18/03

K. Scully

James Harris

Signature of Plaintiff

NOTICE TO PLAINTIFF(S)
 The failure of a pro se litigant to keep the court apprised of an address change may be considered cause for dismissal.

128803

4835-4247 10/94
CSI-247ARECEIVED
MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM
APR 1 2002RECEIVED
MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM
APR 01 2002

283

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM
Date Received at Step 1MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM
Grievance Identifier

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
HARRIS	145260	M.T.F	H-66-B	4-4-02	4-4-02

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 4-4-02
If none, explain why. TALK TO Health SERVICES

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

There is A CONSPIRACY IN THIS FACILITES TO KILL ME. AND they ARE doing it thourght Health services. something is wrong with the med that they HAVE been giving me, something is IN ALL OF the med.

James Harris
Grievant's SignatureRESPONSE (Grievant Interviewed?) ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.

Respondent's Signature

Date

Reviewer's Signature

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

RETURNED
Your grievance has been returned to you at submission at Step 1 to PD/OP 03.02.130 for instructions.Date Returned to
Grievant:If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

RFI No. _____

MICHIGAN JUDICIAL TENURE COMMISSION REQUEST FOR INVESTIGATION FORM

Instructions:

- (1) Type or print all information, except your signature.
- (2) Complete *both* pages of this form.
- (3) Have your signature notarized.
- (4) Make a copy of this Request for Investigation for your files.
- (5) Include copies of any documents or transcripts that support your claim. Send *copies* of documents or transcripts only, not originals.
- (6) Return this original, completed form to:

Judicial Tenure Commission
3034 West Grand Boulevard, Suite. 8-450
Detroit, MI 48202

I. INFORMATION ABOUT YOU:

Name: JAMES R. HARRIS Prisoner No., if any. 145260
Address: 320 N. Hubbard Street City/State/Zip St. Louis, MI, 48880
Daytime Phone _____ Evening Phone _____

II. INFORMATION ABOUT YOUR CASE:

Name of Judge/Magistrate/Referee: DAVID PERKINS - 38750
Name of Case SUMMONS ORDER TO APPEAR (CHILD PROTECTIVE PROCEEDING)
PETITION
Case No. 97357942:97019567 District or Circuit Court No. 3

Type of Judge (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Supreme Court | <input checked="" type="checkbox"/> Probate Court | <input type="checkbox"/> Magistrate |
| <input type="checkbox"/> Court of Appeals | <input type="checkbox"/> District Court | <input checked="" type="checkbox"/> Referee |
| <input type="checkbox"/> Circuit Court | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Other |

Date and time of the alleged misconduct: AUGUST 22, 1997, AT 09:30 A.M.,

Your Attorney's Name: NO Attorney's Phone No. NO

Do you have any transcripts of the proceedings? ☐ yes ☒ no

For office use only:

III. PLEASE SET OUT THE FACTS YOU ALLEGE CONSTITUTE MISCONDUCT:
(Attach additional sheets, if necessary)

THE DEPARTMENT OF SOCIAL SERVICES, BY PETITIONER-DIANA M. SCHREIBER, VO. Load-267901. WAS SAYING THAT I HAD NEGLECTED MY CHILDREN UNDER PROVISIONS OF MCL 712A.2(b). I WAS IN THE WAYNE COUNTY JAIL. I WAS SERVED WITH A "WRIT OF HABEAS CORPUS," THE SAFEGUARD OF MY PERSONAL LIBERTY. I WAS CHALLENGING THE PETITIONER, BECAUSE, ONE OF THE CUSTODIAL RELATIVES HAVE A LOT OF CHILDREN AND SHE WAS NOT FIT TO CARE FOR 10 OR SO CHILDREN ALL AT ONCE. THE REFEREE FAIL TO PERFORM JUDICIAL DUTIES, CODE OF JUDICIAL CONDUCT: RULES OF PROFESSIONAL RESPONSIBILITY. CONDUCT THAT IS CLEARLY PREJUDICIAL TO THE ADMINISTRATION OF JUSTICE. IT WAS FROM THE REFEREE IMPROPER BIAS, AND VIOLATION OF PROFESSIONAL RESPONSIBILITY CAUSED "DEATH OF MY CHILD MARIAH HARRIS." WHY I WAS NOT GIVEN THE OPPORTUNITY TO RESPOND TO THE ALLEGATION, THE REFEREE I DON'T KNOW. SO, I'M REQUESTING FOR AN INVESTIGATION.

I certify that I have read the information sheet on the Judicial Tenure Commission's function, jurisdiction, and procedures. I further swear (or affirm) that the above information is true and accurate, and I have been duly sworn by the attesting notary public listed below.

Subscribed and sworn to before me, a Notary Public,
on this 27 day of February, 2004

[Signature]
Signature of Notary

My Commission expires: 6/3/04

E:\pjf\Michigan Judicial Tenure Commission2.doc

James Harris
Your signature

Notary stamp or seal in this section:

KEVIN SCULLY
NOTARY PUBLIC INGHAM CO., MI
MY COMMISSION EXPIRES Jan 1, 2004
ACTING IN GRATIOT COUNTY, MI